



Commonwealth of Virginia
Board of Towing and Recovery Operators
c/o Department of Motor Vehicles
Post Office Box 27412
Richmond, VA 23269-0001

Web Page: www.btro.vi.virginia.gov Telephone No. (804) 367-0714

**TO ADD, REMOVE OR REPLACE A LICENSED TRUCK DECAL OR
TO REPLACE AN OPERATOR'S LICENSE OR DRIVER AUTHORIZATION DOCUMENT ("DAD")**

Licensed operator's should use this form for (1) adding or removing a tow truck, (2) replacing a lost, stolen, or damaged decal, (3) replacing vehicle tags on a tow truck, or (4) replacing an operator's license or driver authorization document..

Read the instructions and complete the form in its entirety, including attachments.

Mail completed form and attachments to the above address or via facsimile with a credit card payment to (804) 367- 0718. See Page 2 for payment options including check or credit card. If paying by check, make payable to "Treasurer of Virginia".

Copy of Registration Card	Attach a copy of registration card for each tow truck that you want to add or delete to your licensed inventory. Note on the copy whether you are adding, deleting, or are replacing a lost, stolen, or damaged decal, or if you are replacing your license plates.
New License Plate	Use this form to request a new decal if your tow truck license plate has been replaced with a new license plate number. Attach a copy of the applicable registration card.
Lost, Stolen, or Damaged	Use this form to request a replacement decal along with a \$10 fee. Attach a copy of the applicable registration card. Use this form as well to replace an operator's license or driver authorization document along with a \$10 duplicate license fee.
Decal Return	Use this form when a licensed operator is removing a tow truck from the licensed inventory and return the decal. Attach a copy of the applicable registration card. There is no fee for the removal of a licensed tow truck from the inventory.

LICENSED OPERATOR INFORMATION

Operator Information	Name Appearing on Current Operator's License			Board Issued License No.
	Mailing Address (Post Office Box No. or Street Address)			License Expiration Date
	City	State	Zip Code	Contact No. for Processing Purposes

CHECK APPLICABLE BOX AND ATTACH APPLICABLE REGISTRATION CARD

Add a Truck

☐

Remove a Truck

☐

Replace a Decal,
License or DAD

☐

CALCULATION OF FEES DUE

License Type	Fee Per Decal	Additional License Fee Due	Total Fee Amount Due	
Class A	\$10.00	No additional license fee due	Decal Fee Due	\$
Class B - Up to two tow trucks	\$10.00	If adding a third truck, \$50 due.		
Class B - Three tow trucks	\$10.00	If adding a fourth truck, \$50 due.		
Class B - Four tow trucks	\$10.00	If adding a fifth truck, \$50 due.	Additional License Fee Due, If Any	\$
Class B - Five tow trucks	\$10.00	If adding a sixth truck, \$50 due.		
Class B - Six tow trucks	\$10.00	If adding a seventh truck, \$50 due.		
Class B - Seven or more tow trucks	\$10.00	No additional license fee due	Total Fees Due	\$
Other Decal Requests	Fee Per Decal	Additional Fee Due		
Decal or License Replacement Fee	\$10.00	No additional license fee due		
Removing a tow truck and adding another in its place	\$10.00	No additional license fee due		

NOTE: If Class B and adding more than one tow truck, please contact the Board for further instructions.

OPERATOR AUTHORIZATION

The following request to add and/or delete a tow truck to our Operator's license, or to replace a decal, is hereby authorized by the requesting Operator, and I hereby certify that I am authorized to sign on behalf of the Operator. I further certify that the vehicle(s) subject to this form meets or exceeds the insurance requirements under 24 VAC 27-30-110(4) of the General Regulations for Towing and Recovery Operators in the Commonwealth of Virginia.

Signature: _____

Date _____

Full Name: _____

Position _____

First Name

Middle Name

Last Name

Payment Options

1. Check or money order made payable to the "Treasurer of Virginia" in the amount of \$_____
2. Credit Card - This section is to be used for CREDIT CARD PAYMENTS ONLY. If you elect this form of payment, complete this section in its entirety. Failure to complete this section in its entirety will result in the return of the application. If the fee is not calculated properly, the cardholder authorizes the Board to adjust the total fee due (including overages and shortages).

Credit Card Type _____
MasterCard, Visa, American Express or Discover

Credit Card No.

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Payment Amount: \$ _____ Card Expiration Date: _____
Month and Year

Card Verification Code _____

(Last three numbers on the back of a Master Card/Visa/Discovery or four numbers found on front of American Express)

Cardholder Name (Print) _____

Cardholder Address: _____

(As shown on credit card statement including street or PO Box number)

(As shown on credit card statement including city, state, and zip code)

Cardholder Signature: _____